

Application Data Sheet

Application Information

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| Application Type:: | National Phase |
| Subject Matter:: | Utility |
| Suggested Classification:: | 424/443 |
| Suggested Group Art Unit:: | 1615 |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | None |
| Number of copies of CDs:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | None |
| Title:: | ADMINISTRATION FORM BASED ON CROSS-LINKED HYDROPHILIC POLYMERS |
| Attorney Docket Number:: | 512100-2057 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 3 |
| Total Drawing Sheets:: | 3 |
| Small Entity:: | No |
| Petition included?:: | No |
| Petition Type:: | None |
| Licensed US Govt. Agency:: | No |
| Contract or Grant Numbers:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information (repeat as needed)

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|-------------------------------|---------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | Germany |
| Status:: | Full Capacity |
| Given Name:: | Johannes |
| Middle Name:: | |

Family Name:: Bartholomaeus
Name Suffix::
City of Residence:: Aachen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Burghoehenweg 5
City of mailing address:: Aachen
State or Province of mailing address::
Postal or Zip Code of mailing address:: 52080

Applicant Information (repeat as needed)

Applicant Authority type:: Inventor
Primary Citizenship Country:: Spain
Status:: Full Capacity
Given Name:: Maria
Middle Name:: Cristina
Family Name:: Vázquez Lantes
Name Suffix::
City of Residence:: Muenchen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Deisenhofener Str. 6
City of mailing address:: Muenchen
State or Province of mailing address::
Postal or Zip Code of mailing address:: 81539

Correspondence Information

Correspondence Customer Number:: 20999

Representative Information (add names as necessary)

| | |
|---------------------------------|-------|
| Representative Customer Number: | 20999 |
|---------------------------------|-------|

Domestic Priority Information

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|------------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage | PCT/EP2004/014146 | 12/13/2004 |

Foreign Priority Information

| | | | |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| Germany | 10358747.0 | 12/12/2003 | Yes |

Assignee Information

Assignee Name:: LTS Lohmann Therapie-Systeme AG

Street of mailing address::

City of mailing address:: Andernach

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 56626